

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortnam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000024647 (8)
1. Corporation Name

IMPERIAL PROPERTY DEVELOPMENT CORP.



Principal Place of Business: **15248 S. US 41 SUITE 900 FT. MYERS FL 33908**
Mailing Address: **15248 S. US 41 SUITE 900 FT. MYERS FL 33908**

3. Date Incorporated or Qualified: **03/30/1993**
3a. Date of Last Report: **03/20/1995**
4. FEI Number: **65-0473070**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
22. Suite, Apt. #, etc.: **22**
23. City & State: **23**
24. Zip: **24**
25. Country: **25**
2a. Mailing Address: **26**
27. Suite, Apt. #, etc.: **27**
28. City & State: **28**
29. Zip: **29**
30. Country: **30**

9. Name and Address of Current Registered Agent

**NEGIP, PHILLIP R
15248 S. US 41
SUITE 900
FT. MYERS FL 33908**

10. Name and Address of New Registered Agent

81. Name: _____
82. Street Address (P.O. Box Number is Not Acceptable): _____
83. _____
84. City: _____ **FL** 85. Zip Code: _____

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____

Signature of the person who is authorized to sign this report on behalf of the corporation (Date: _____)

Date: _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	P/D	<input type="checkbox"/>
NAME	PHILLIP R. NEGIP	<input type="checkbox"/>
STREET ADDRESS	18683 BOBECT DR	<input type="checkbox"/>
CITY - ST - ZIP	FT. MYERS FL 33908	<input type="checkbox"/>
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>
CITY - ST - ZIP		<input type="checkbox"/>
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>
CITY - ST - ZIP		<input type="checkbox"/>
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>
CITY - ST - ZIP		<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME		<input type="checkbox"/>	<input type="checkbox"/>
1.3 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
1.4 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME		<input type="checkbox"/>	<input type="checkbox"/>
2.3 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
2.4 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME		<input type="checkbox"/>	<input type="checkbox"/>
3.3 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
3.4 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME		<input type="checkbox"/>	<input type="checkbox"/>
4.3 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
4.4 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME		<input type="checkbox"/>	<input type="checkbox"/>
5.3 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
5.4 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME		<input type="checkbox"/>	<input type="checkbox"/>
6.3 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
6.4 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

Phillip R. Negip
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/96
Date

CR2E034 (3/96)